

EDITORIAL

WRITE SOMETHING—Part 2

In the last issue of the *Journal of Behavioral Optometry (JBO)*, Bob Williams, executive director of the Optometric Extension Program Foundation (OEP), penned a guest editorial where he requested the readers of the *JBO* to “write something.”¹ In this issue, I would like to amplify the theme. His major point was that the *JBO* had evolved from the OEP papers and that the *JBO*’s “primary mission is to share information relating to the clinical practice.” This is indeed the case. The *JBO* should be conduit between clinicians and, as an editor, one of my tasks is to read papers that are submitted to see that the papers are clinically relevant. If one looks at the 2009 issues of the *JBO* (volume 20; issues 1-6) there were: three papers on myopia and its control; three papers on sports vision; two papers on acquired brain injury and its treatment; two papers on disease conditions with ocular implications (Alzheimer’s Disease and Rett’s Syndrome); two papers on convergence insufficiency; one on reading; one on visual perception; one on colored lenses to assist reading; and last but not least, one essay along with one viewpoint article. We also published several book reviews that we felt would be of interest to practicing optometrists. This review is to demonstrate that this is a clinical optometric journal. If you review the other 19 volumes of *JBO*, you will find much the same thing, papers written with the clinician in mind.

When I looked at the authors in Volume 20, an interesting fact appeared. There were 12 first authors who were based at schools, colleges and universities and only four private-practice optometrists. This interesting statistic also directs our attention back to Mr. Williams’ editorial

where he states, “the essence of behavioral vision care, however, happens in the offices and clinics of optometrists providing that care.”¹ My analysis indicates that, at least for this *Journal*, a good deal of this essence is being lost because of the relative lack of manuscripts being published by non-institutionally-based optometrists. I echo Mr. Williams’ call that these optometrists, “Write Something!”

The “Instructions to Authors” are published in the first issue of each volume, the last page of every issue contains a column explaining that the *JBO* is interested in receiving papers of interest to our readers (pages 25 and 26 of this issue). We particularly state that the Optometric Extension Program “encourages authors to submit manuscripts that are based in the clinically relevant behavioral, functional and developmental aspects of the visual process.”

A further review of the last page of every issue of *JBO* reveals there are seven general areas of interest that *JBO* will consider for publication. The mortar that holds all seven of these areas together however is clinical relevance. The first is clinical case reports. This type of paper is certainly within the possibility of every clinician. Have you seen an interesting case? Will you share your diagnosis/therapy with your colleagues? These papers generally have a thorough discussion of the condition and then a narrative on how you diagnosed and treated the case. This is, as Dr. Lou Hoffman so succinctly stated, a “n of 1.”¹

The second group is clinically relevant research reports, either preliminary or completed. This may not be something you feel comfortable writing unless you are residency trained or have a research back-

ground. I suspect most clinicians would not feel comfortable writing in this area as their first attempt at publication. The fourth area, literature reviews may be difficult for you unless you have access to an extensive library of books and journals.

The other areas (3rd, 5th, 6th and 7th) are specifically designed for the practicing doctor. These areas include: speculative reports of diagnostic/therapeutic procedures; guest editorials; essays or viewpoint articles. These should be this group’s strong suit. Pick a procedure and write about it. Each of us has techniques and procedures that we have developed and should be shared with your colleagues. Reduce your thoughts, technique or procedures to words and send it to maples@sco.edu or smcorngold@oep.org.

When you have an opinion you wish to express, write a guest editorial or a letter to the editor. Yes, we do accept letters to

Continued on page 24



W.C. Maples, O.D., M.S.

EDITORIAL continued

When you have an opinion you wish to express, write a guest editorial or a letter to the editor. Yes, we do accept letters to the editor and such letters can be a catalyst for change in the profession. *JBO* reserves the right to rebut your stated opinion but you can have your say.

The last two areas are the essays and viewpoints. Both are designed to allow you to state your thoughts on a subject. The definition of an essay is to put a concept to a test, try out a new idea, attempt by tentative methods or appraising, probing, seeking expedients. An excellent example of an essay by Dr. Press, a clinician, is found in *JBO*.² Likewise, a viewpoint is defined as an attitude of mind from which something is considered, a position from which something is observed. An example of a viewpoint article is the position taken by Dr. Hutchins, a clinician, when she expounded her belief that “sooner is not always better.”³

In summary, *JBO* is your journal. The editor and the editorial board do not make the decision on what is offered to the journal for publication. We only attempt to act as agents for the best of the articles that are submitted for publication. Without your input, your submission of papers for us to consider we cannot do our job. In closing, I again say to you as Bob Williams so succinctly stated, “Write something.”

References

1. Williams RA. Write something: Guest editorial. *J Behav Optom* 2009;20:142,164.
2. Press LJ. Essay: Can Mike May Benefit from Optometric Vision Therapy & Rehabilitation? *J Behav Optom* 2009; 155-158.
3. Hutchins RE. Is sooner always better? *J Behav Optom* 2009;20:3-15.